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U.S. DEPARTMENT OF LABOR
U.S. CHILDREN'S BUREAU

WE ARE fighting again for human freedom and especially for the future of our children in a free world. Children must be safeguarded—and they can be safeguarded—in the midst of this total war so that they can live and share in that future.—A Children's Charter in Wartime.

SAFEGUARDING THE HEALTH OF MOTHERS AND CHILDREN

Maternal and Infant Mortality in the United States, 1941

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STRIKING progress has been made in recent years in the saving of lives of mothers and infants. The 1941 figures for maternal and infant mortality show a continuation of this favorable trend and establish new all-time low records. This is all the more encouraging in view of the expanding defense activities in 1941, which imposed great strains on the housing, sanitary, hospital, and medical facilities of many communities.

Whether this favorable situation continued also after the country passed from the period of defense activity to that of war economy cannot be determined with certainty at this time. The available incomplete figures indicate that the downward trend in maternal and infant mortality has not been reversed and may have continued through 1942. However, a favorable rate for the entire country or for a State does not necessarily reflect satisfactory conditions in all the smaller geographic subdivisions. It is possible that a number of smaller areas which have experienced explosive increases in population may have suffered high infant and maternal mortality rates. It is, therefore, of extreme importance for agencies responsible for the administration of maternal and child-health programs to study currently the vital indices in such communities.

Most outstanding in the 1941 record is the 16 percent reduction in maternal mortality from the low rate of 1940. This is equivalent to the saving of some 1,500 mothers' lives in the space of a single year and the saving of nearly 9,000 mothers' lives when compared with the maternal mortality rate which was operating at the beginning of the last decade.

Although not so dramatic, the infant mortality rate continued its steady decline and also registered an all-time low record.

The birth rate, which fell to an all-time low of 16.6 per 1,000 population in 1933 and has shown a definitely upward trend since 1937, reached 18.9 in 1941. It is remarkable that in spite of the known inadequacies of hospital and medical facilities in many parts of the country there was a 10 percent increase in 1941 in the proportion of births that took place in hospitals in the country as a whole. There was also a slight decrease in the percentage of births attended by non-medical persons. Although statistics on stillbirths are not very reliable, because of the known deficiencies in the stillbirth registrations, it is nevertheless encouraging to note that in this case the rate is also on the decline and fell below 30 per 1,000 live births for the first time. In spite of all these gains the loss of life associated with childbirth and early infancy is still too high. In 1941, 197,038 lives were reported lost through maternal mortality, stillbirth, and infant mortality.

A summary of the maternal and infant mortality and birth statistics for 1941, which has just been issued by the Division of Vital Statistics of the Bureau of the Census is presented here.²

MATERNAL MORTALITY

In 1941, 7,956 women died from causes directly due to pregnancy and childbirth. The maternal mortality rate for the year was 31.7 per 10,000 live births. This rate is 16 percent lower than that for 1940 (37.6) and 53 percent lower than the rate for 1930 (67.3). The reduction in the maternal mortality rate was widespread and occurred in almost every

¹ Grateful acknowledgment is made to Marguerite E. Chunn, of the Division of Statistical Research, for her assistance in assembling the material and to the Division of Vital Statistics of the Bureau of the Census for making available certain tabulations.

² Vital Statistics—Special Reports. Bureau of the Census, Washington, 1942 and 1943.

State³ in the Union (table 1). In 46 of the 49 States the maternal mortality rate was lower in 1941 than in 1940, and the increase in the remaining 3 States was not statistically significant. Thirty-one States had maternal mortality rates of less than 30 per 10,000 live births in 1941, compared with 16 States in 1940. Nine States had rates of 30 to 39; 5 had rates of 40 to 49; and 4 had rates of 50 or higher. In 1940 there were 9 States in the highest category.

TABLE 1.—Maternal mortality rates in each State, 1941 and 1940

State (number of deaths in 1941)	Maternal mortality rate ¹	
	1941	1940
United States (7,956).....	31.7	37.6
Alabama (337).....	52.5	61.3
Arizona (36).....	30.0	50.2
Arkansas (163).....	40.3	48.7
California (283).....	22.7	27.9
Colorado (71).....	33.2	40.7
Connecticut (36).....	19.6	28.2
Delaware (12).....	22.4	54.4
District of Columbia (50).....	27.3	29.4
Florida (238).....	63.4	64.8
Georgia (326).....	47.8	56.9
Idaho (32).....	27.3	35.9
Illinois (333).....	24.8	29.7
Indiana (168).....	25.4	28.7
Iowa (128).....	27.3	35.0
Kansas (86).....	28.5	37.3
Kentucky (238).....	37.5	36.0
Louisiana (238).....	43.5	53.4
Maine (50).....	31.5	40.3
Maryland (85).....	24.8	27.8
Massachusetts (200).....	28.5	28.1
Michigan (296).....	27.5	29.2
Minnesota (107).....	19.6	22.2
Mississippi (308).....	50.6	62.8
Missouri (197).....	29.8	36.8
Montana (18).....	15.7	30.5
Nebraska (53).....	23.9	32.0
Nevada (6).....	27.5	48.5
New Hampshire (23).....	26.3	31.8
New Jersey (180).....	27.3	29.9
New Mexico (67).....	45.3	46.8
New York (494).....	23.4	29.7
North Carolina (337).....	39.8	51.6
North Dakota (31).....	23.0	17.2
Ohio (318).....	25.2	32.2
Oklahoma (139).....	30.6	39.7
Oregon (40).....	20.9	25.2
Pennsylvania (541).....	31.0	32.5
Rhode Island (25).....	21.6	25.0
South Carolina (294).....	62.3	67.8
South Dakota (30).....	25.8	34.4
Tennessee (226).....	37.3	47.5
Texas (494).....	36.2	46.0
Utah (26).....	18.9	26.6
Vermont (15).....	22.2	35.9
Virginia (235).....	40.1	44.9
Washington (55).....	18.0	30.6
West Virginia (128).....	29.2	33.3
Wisconsin (132).....	23.1	28.1
Wyoming (11).....	21.2	41.6

¹ Deaths due directly to diseases of pregnancy, childbirth, and the puerperium per 10,000 live births.

Montana established a new low rate for maternal mortality in any State with 15.7 per 10,000 live births. Other low rates were at-

³ The term "States" as used in this article includes the District of Columbia.

tained by Connecticut, Minnesota, Utah, and Washington. On the other side of the scale are the States with extremely high rates. The highest rate (63.4) was recorded for Florida. Other States with high rates were Alabama, Mississippi, and South Carolina (fig. 1).

The high rates in the South are accounted for in part by the relatively large proportion of Negro births in these States. The maternal mortality rate for Negro women is more than two-and-one-half times as high as that for white women. It is, however, encouraging that the reductions in the rates from 1940 to 1941 were not limited to white women but were shared by all races. Thus, the rate for Negro women decreased from 78 in 1940 to 69 in 1941, while the rate for white women declined from 32 in 1940 to 27 in 1941.

The mortality rate for both white and Negro women decreased during the period 1930-41 (fig. 2). The decrease was relatively slight up to 1936 and has been accelerated considerably since that year. The relative decrease has been greater for white women than for Negro women. The 1941 rate for white women was 56 percent lower than the 1930 rate, whereas for Negro women the rate for 1941 was only 42 percent lower than the 1930 rate.

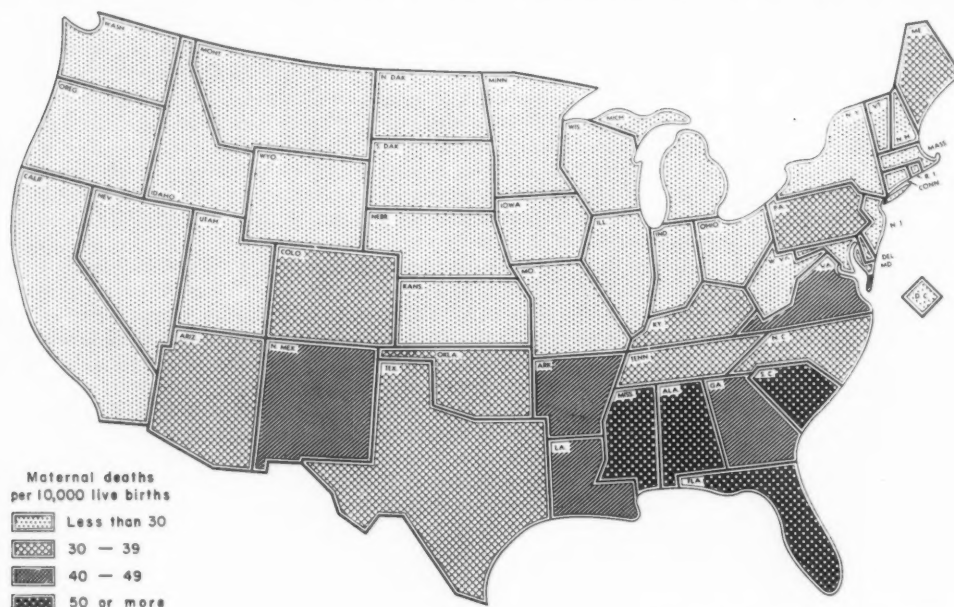
Causes of Maternal Death.

The three major causes of death—infection, toxemias, and the group comprising hemorrhage, trauma, or shock—were responsible for 89 percent of the 7,956 maternal deaths in 1941. The remaining 859 deaths were due to other and unspecified causes.

Infection was the leading cause of maternal mortality and was responsible for 3,034 (38 percent) of the deaths. The death rate from this cause was 12.1 per 10,000 live births. Both in terms of the percentage of all maternal deaths and in terms of the death rate, the reduction in deaths from this cause was larger than for the two other major causes. Thus, in 1940 infection was responsible for 41 percent of the maternal deaths compared to 38 percent in 1941. In terms of the maternal mortality rate from infection there was a reduction of 21 percent from the rate for 1940.

The other two major groups of causes, toxemias and the group hemorrhage, trauma, or shock, were each responsible for one-quarter of the maternal deaths. Hemorrhage, trauma, or shock was the cause of 2,032 of the maternal deaths and toxemias were responsible for 2,031. In previous years, deaths from toxemias were more numerous than those due to hemorrhage, trauma, or shock. The death rate from each of these two major groups of causes in 1941

FIG. 1.—MATERNAL MORTALITY RATE IN EACH STATE, UNITED STATES, 1941.

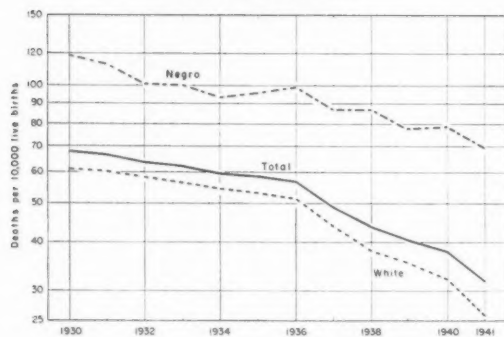


Based on data from U. S. Bureau of the Census

was 8.1 per 10,000 live births. In 1940 the rate was 9.5 for toxemias and 8.7 for hemorrhage, trauma, or shock. The reduction in deaths from toxemia occurred primarily from eclampsia, and from albuminuria and nephritis not specified as chronic. The proportion of "other toxemias" was greater in 1941 (26 percent of all toxemias) than in 1940 (21 percent).

Physicians failed to give satisfactory information as to cause of death for 859 (11 percent)

of the maternal deaths. For all these the physicians stated the cause in general terms which indicated little more than that a child had been born to the mother or that the mother was pregnant and that this was the most important factor in the death. The lack of specific information as to cause of death for this considerable number of deaths indicates the need for improvement in the statement of cause of death on the certificate.

FIG. 2.—MATERNAL MORTALITY RATES, BY RACE, 1930-41.¹

Based on data from U. S. Bureau of the Census

¹ Since 1933 all States have been included in the birth-registration area; in 1930 all but 2 States were included.

Maternal Deaths, by Time of Death in Relation to Delivery.

Maternal deaths for 1939, 1940, and 1941 were tabulated in accordance with the 1938 revision of the International List of Causes of Death. This revision affords additional information which was not available for prior years in that it is possible to classify the deaths roughly according to outcome of pregnancy. The deaths are tabulated in four classifications as those associated with abortion, ectopic gestation, deaths before delivery, and deaths during or after delivery. The last is defined as following a uterine pregnancy of 7 lunar months (28 weeks) or more of gestation. The termination of a uterine pregnancy prior to 7 lunar months of gestation is considered an abortion for tabulation purposes. This classi-

fication makes possible a cross-tabulation of the maternal deaths, both by cause of death and by time of death in relation to delivery. The data for the 3-year period are presented in table 2.

TABLE 2.—*Maternal deaths¹ from each cause, and time of death in relation to delivery; United States, 1939-41*

Cause of death	Total	Ectopic gestation	During or after abortion	Before delivery	During or after childbirth
Number					
All causes.....	25,983	1,124	4,852	3,776	16,231
Infection.....	10,494	250	3,741	—	6,503
Toxemias.....	6,513	—	274	2,698	3,541
Eclampsia.....	3,319	—	—	1,218	2,101
Albuminuria and nephritis.....	1,659	—	—	730	929
Other toxemias.....	1,535	—	274	750	511
Hemorrhage, trauma, or shock.....	6,184	874	364	179	4,767
Other and unspecified causes.....	2,792	—	473	899	1,420
Percent					
All causes.....	100	100	100	100	100
Infection.....	40	22	77	—	40
Toxemias.....	25	—	6	71	22
Eclampsia.....	13	—	—	32	13
Albuminuria and nephritis.....	6	—	—	19	6
Other toxemias.....	6	—	6	20	3
Hemorrhage, trauma, or shock.....	24	78	7	5	29
Other and unspecified causes.....	11	—	10	24	9

¹ Deaths due directly to diseases of pregnancy, childbirth, and the puerperium.

Of the 25,983 maternal deaths which occurred in the 3-year period 1939-41, 19 percent (4,852) were stated to have occurred during or after abortion. More than 4 percent (1,124) of the deaths resulted from ectopic gestation, 15 percent (3,776) occurred before delivery, and 62 percent (16,231) occurred during or after childbirth.

From table 2, it is possible to determine, on the one hand, the distribution of the major causes of maternal deaths for the various classifications of time of death in relation to delivery and, on the other hand, the distribution as to the time of delivery for each of the major causes of death. For example, nearly four-fifths of the women whose deaths were stated to have occurred during or after abortion died from infection, and a very small proportion of them died from toxemias. Looking at it the other way, three-fifths of all the deaths due to infection occurred during or after childbirth and more than one-third occurred during or after abortion.

In general, the distribution of the maternal deaths according to time of death in relation

to delivery was similar for most of the States. There were, however, a few notable exceptions. For example, the proportion of deaths associated with abortion was relatively high in the District of Columbia, an urban area (32 percent), and also in such rural States as Idaho (29 percent) and Montana (27 percent). In the District of Columbia the percentage of deaths from ectopic gestation was also high (14 percent) and only 40 percent of the deaths were stated to have occurred during or after childbirth. On the other hand, in Utah and Wisconsin, for example, a relatively high proportion of deaths occurred during or after childbirth and a smaller proportion were due to abortion (table 3).

TABLE 3.—*Percentage distribution of maternal deaths¹ by time of death in relation to delivery in each State, 1939-41*

State (number of deaths in 1939-41)	Death in relation to delivery			
	Abortion	Ectopic gestation	Before delivery	During or after childbirth
	Percent of total maternal deaths			
United States (25,983).....	19	4	15	62
Alabama (1,084).....	17	3	16	64
Arizona (143).....	20	4	16	60
Arkansas (552).....	23	3	18	56
California (916).....	20	5	8	67
Colorado (268).....	25	4	16	55
Connecticut (187).....	16	2	11	71
Delaware (55).....	20	3	13	64
District of Columbia (168).....	32	14	14	40
Florida (668).....	18	5	19	58
Georgia (1,058).....	15	3	17	65
Idaho (98).....	29	3	8	60
Illinois (1,069).....	19	6	10	65
Indiana (556).....	22	5	19	54
Iowa (418).....	21	7	10	62
Kansas (301).....	25	4	9	62
Kentucky (729).....	16	2	16	66
Louisiana (812).....	20	4	19	57
Maine (170).....	15	2	13	70
Maryland (274).....	22	7	13	58
Massachusetts (610).....	17	3	10	70
Michigan (874).....	19	5	10	66
Minnesota (373).....	20	4	12	64
Mississippi (945).....	14	3	21	62
Missouri (669).....	21	5	9	65
Montana (88).....	27	2	8	63
Nebraska (202).....	21	5	12	62
Nevada (24).....	25	8	8	59
New Hampshire (77).....	16	5	21	58
New Jersey (537).....	22	6	13	59
New Mexico (207).....	16	2	13	69
New York (1,682).....	23	5	7	65
North Carolina (1,127).....	12	2	25	61
North Dakota (86).....	16	8	16	60
Ohio (1,112).....	22	5	13	60
Oklahoma (492).....	17	5	18	60
Oregon (125).....	21	7	21	51
Pennsylvania (1,692).....	21	5	10	64
Rhode Island (87).....	20	3	17	60
South Carolina (848).....	12	2	22	64
South Dakota (104).....	23	3	12	62
Tennessee (788).....	19	4	17	60
Texas (1,667).....	16	5	20	59
Utah (102).....	10	2	11	77
Vermont (62).....	21	6	15	58
Virginia (751).....	21	2	13	64
Washington (236).....	17	5	17	61
West Virginia (404).....	13	3	17	67
Wisconsin (437).....	14	7	7	72
Wyoming (49).....	20	4	23	53

¹ Deaths due directly to diseases of pregnancy, childbirth, and the puerperium.

INFANT MORTALITY AND STILLBIRTHS

The number of infant deaths in 1941 was 113,949. The infant mortality rate for the year was 45 per 1,000 live births, compared with a rate of 47 for 1940. The tabulations of infant deaths by age at death and by cause of death have not yet been released by the Bureau of the Census. It may, however, be anticipated that, as in previous years, more than 3 of every 5 infant deaths occurred at less than 1 month of age, and that a considerable proportion of the deaths occurred within the first 24 hours after birth.

There were 75,133 stillbirths reported in 1941. This represents a stillbirth rate of 29.9 per 1,000 live births, compared with the rate of 31.2 in 1940 and higher rates in previous years.

Table 4 presents the infant mortality rates and stillbirth rates for each State for 1940 and 1941. It will be seen that some of the States attained infant mortality rates which were considerably lower than those for the country as a whole. Utah set an all-time new low State record with a rate of 30. Connecticut and Oregon came next with a rate of 31. At the other end of the scale were New Mexico with a rate of 95 and Arizona with a rate of 88. The third highest rate was in South Carolina (75).

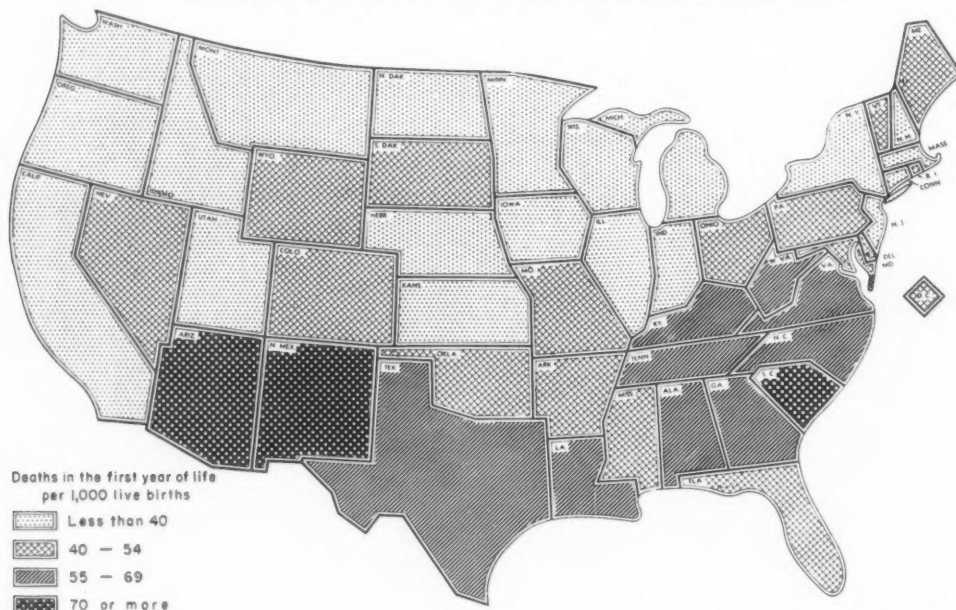
In the case of stillbirths, the lowest rate reported was that for the State of Washington (15). Low rates were also recorded for South Dakota (17), Idaho, and Oregon (18). States with high stillbirth rates were New York (53), Mississippi and South Carolina (45), and Florida and Georgia (43). It should, however, be noted that the variations in the stillbirth rate are, in many cases, due to variations in the requirements of the States for stillbirth registration. For example, the reason for the high rate in New York State is that New York City requires the registration of all products of conception.

In 35 States the infant mortality rates were lower in 1941 than in 1940, and in 14 States the rates were higher. Twenty-one States had rates of less than 40 per 1,000 live births in 1941 compared with 15 States in 1940. Sixteen States had rates of 40 to 54, 9 had rates of 55 to 69, and 3 had rates of 70 or more (fig. 3).

The mortality rate was considerably lower for white infants than for those of other races. The rate was 41 for white infants, 74 for Negro infants, and 89 for infants of other races. The stillbirth rate also was lower for white infants (27) than for Negroes (55).

The decrease in the infant mortality rate from 1930 to 1941, although considerable, was

FIG. 3.—INFANT MORTALITY RATE IN EACH STATE, UNITED STATES, 1941.



Based on data from U.S. Bureau of the Census

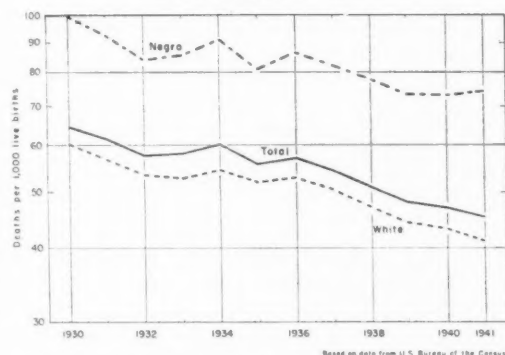
TABLE 4.—Infant mortality and stillbirth rates (number per 1,000 live births), in each State 1941 and 1940

State	Infant mortality rate ¹		Stillbirth rate	
	1941	1940	1941	1940
United States	45.3	47.0	20.9	31.2
Alabama	59.5	61.4	37.3	39.9
Arizona	88.3	84.3	24.8	24.8
Arkansas	44.0	45.7	26.7	27.0
California	36.7	39.4	19.9	19.6
Colorado	52.2	59.8	24.4	24.0
Connecticut	31.1	34.1	19.1	20.2
Delaware	43.0	48.9	27.7	23.9
District of Columbia	50.8	47.0	28.9	25.7
Florida	52.8	53.6	43.2	42.2
Georgia	58.2	57.9	43.0	47.6
Idaho	34.5	42.3	17.5	21.5
Illinois	34.0	35.3	23.7	25.6
Indiana	39.8	41.9	20.8	23.0
Iowa	36.5	36.7	21.5	22.5
Kansas	37.8	38.1	21.6	24.7
Kentucky	58.6	52.8	30.0	32.0
Louisiana	57.8	64.2	37.2	38.0
Maine	51.2	53.5	26.6	29.4
Maryland	52.6	49.6	38.2	43.6
Massachusetts	35.3	37.5	24.6	26.8
Michigan	38.7	40.7	26.0	26.0
Minnesota	34.5	33.3	22.0	21.5
Mississippi	54.7	54.3	45.1	48.2
Missouri	46.5	46.9	32.4	32.4
Montana	37.2	46.2	19.8	18.8
Nebraska	34.4	35.7	21.2	23.1
Nevada	42.2	51.9	24.3	18.9
New Hampshire	36.5	40.0	25.6	24.8
New Jersey	36.2	35.6	25.9	26.1
New Mexico	95.4	99.6	23.4	28.3
New York	33.1	37.2	33.3	31.9
North Carolina	59.8	57.4	31.2	34.4
North Dakota	37.8	45.1	19.7	22.2
Ohio	40.8	41.4	24.9	25.9
Oklahoma	47.5	49.7	23.1	25.2
Oregon	30.7	32.9	18.4	21.1
Pennsylvania	40.7	44.7	25.3	28.6
Rhode Island	35.8	38.2	25.7	28.3
South Carolina	75.0	68.1	44.6	47.1
South Dakota	40.9	39.2	17.4	18.8
Tennessee	55.3	54.7	26.2	29.1
Texas	56.9	68.6	30.2	31.5
Utah	29.9	40.6	19.5	08.7
Vermont	43.9	45.0	20.4	12.8
Virginia	66.9	59.3	37.3	36.8
Washington	35.0	35.7	14.7	16.5
West Virginia	61.1	53.9	32.6	35.4
Wisconsin	35.1	37.2	19.9	22.0
Wyoming	43.8	46.3	21.4	0.2

¹ Deaths under 1 year; exclusive of stillbirths.

not so large as the decrease in the maternal mortality rate. The 1941 infant mortality rate was lower than the 1930 rate by 30 percent. The corresponding figure for maternal mortality was 53 percent.

The trend of the infant mortality rates from 1930 to 1941 is shown in figure 4.

FIG. 4.—INFANT MORTALITY RATES, BY RACE, 1930-41.¹

¹ Since 1933 all States have been included in the birth-registration area; in 1930 all but 2 States were included.

BIRTHS

The number of live births registered in 1941 was 2,513,427, and the birth rate was 18.9 per 1,000 estimated population. This rate equaled that of 1930 and was higher than the rate for any year since then.

The relatively large movement of population which accompanied the extensive industrial defense activities during 1941 makes it difficult to determine the changes in the birth rates in each State. However, the percentage change in the births for each State in itself assumes great significance since it reflects, in a sense, the probable shift in the population. Furthermore, from the point of view of agencies administering maternal and child-birth programs, the main interest rests with the increase in the number of births. For this reason table 5 presents the percentage change in the number of births in 1941 as against the births for 1940, rather than birth rates.

In addition, the States were subdivided into three groups according to their defense activities, as given in a recent article by T. J. Woofter, Jr.⁴ The three groups consist of the following: States with maximum industrial war activity, States with medium industrial war activity, and States with negligible industrial war activity. There were 1,417,383 births in the first group of States, 746,548 in the second group, and 349,496 in the third group of States. In the first group there was an 8.4 percent increase in the births. The smallest increase in this group of States was 5 percent (Kansas) and the largest was 20 percent (District of Columbia).

In the group of States with medium industrial war activity there was a 5.5 percent in-

⁴ Woofter, T. J. Jr.: Preliminary Population Estimates Based on Ration Book Applications. *Journal of American Statistical Association*, vol. 37, (December 1942), pp. 437-440.

TABLE 5.—Percentage increase or decrease in number of live births in each State, according to amount of war activity¹; 1941 compared with 1940

State	Number of live births in 1941	Percent increase or decrease
United States.....	2,513,427	6.5
Group 1. Maximum war activity.....	1,417,383	8.4
California.....	124,682	11.3
Connecticut.....	28,526	13.2
Illinois.....	134,451	9.1
Indiana.....	66,036	6.6
Kansas.....	30,143	5.0
Maryland.....	34,287	13.3
Massachusetts.....	70,189	6.2
Michigan.....	107,511	8.5
New Jersey.....	65,935	12.5
New York.....	211,171	7.3
Ohio.....	126,155	9.8
Pennsylvania.....	174,593	5.4
Texas.....	136,291	7.6
Virginia.....	58,552	6.1
Washington.....	30,567	8.6
District of Columbia.....	18,294	19.5
Group 2. Medium war activity.....	746,548	5.5
Alabama.....	64,238	2.1
Arkansas.....	40,437	5.4
Delaware.....	5,121	11.4
Florida.....	37,551	11.0
Georgia.....	68,244	5.0
Louisiana.....	54,672	7.4
Maine.....	15,855	4.9
Mississippi.....	54,454	3.6
Missouri.....	66,050	6.2
Nevada.....	2,181	5.8
North Carolina.....	84,634	5.0
Oregon.....	19,138	7.2
Rhode Island.....	11,582	7.2
South Carolina.....	47,162	6.3
Tennessee.....	60,537	8.5
Utah.....	13,745	1.4
West Virginia.....	43,827	4.1
Wisconsin.....	57,120	4.1
Group 3. Negligible war activity.....	349,496	1.3
Arizona.....	12,011	2.2
Colorado.....	21,400	1.2
Idaho.....	11,715	.03
Iowa.....	46,826	3.0
Kentucky.....	63,430	-.3
Minnesota.....	54,462	2.6
Montana.....	11,437	-.5
Nebraska.....	22,197	2.8
New Hampshire.....	8,743	2.8
New Mexico.....	14,774	.2
North Dakota.....	13,464	.8
Oklahoma.....	45,447	2.0
South Dakota.....	11,647	.2
Vermont.....	6,762	1.0
Wyoming.....	5,181	2.6

¹ See Woolfer reference, footnote 4.

crease in the births. The smallest increase was 1 percent (Utah) and the largest increase was 11 percent (Delaware and Florida). In the group of States with negligible industrial war activity the increase in the number of births was only 1.3 percent. The majority of the States showed practically no change. The largest increase in this group of States was 3 percent (Iowa). It is thus indicated that a relatively large proportion of the parents of infants born in the States heavily engaged in industrial war activity were newcomers to these States. This group obviously presents more serious problems to agencies working in

the maternal and child-health field than do established residents.

Of the infants whose births were registered 2,204,903 (88 percent) were white; 294,554 (12 percent) were Negroes; and 13,970 (less than 1 percent) were of other races.

Physicians attended 91 percent of the births, but 215,722 (9 percent) were attended only by midwives and other nonmedical persons. The proportion of births among Negroes which were attended by nonmedical persons was very high (49 percent), whereas only 3 percent of the white infants were so attended. There was no medical attendant at 17 percent of the births that occurred in the rural areas compared with 2 percent of those that occurred in urban areas; that is, in cities of 10,000 or more population.

More than three of every five live births in the United States in 1941 occurred in hospitals, compared with 56 percent in 1940. Here again the proportion of hospitalization was much higher in cities (87 percent) than in rural areas (30 percent)², and for white infants (66 percent) than for Negro infants (27 percent).

The proportion of births in hospitals has increased considerably during the period of record. In 1935 (the first year for which information on attendant at birth was issued by the Bureau of the Census) 37 percent of the live births occurred in hospitals, compared with 61 percent in 1941. Births attended by physicians in homes dropped from 51 percent in 1935 to 30 percent in 1941. There was a decrease in the proportion of births attended by nonmedical persons from 12 percent in 1935 to 9 percent in 1941.

There were 12 States in which more than four-fifths of all the births occurred in hospitals and relatively few births were not attended by physicians. On the other hand, there were 6 States in which less than one-fourth of the births occurred in hospitals and a relatively large proportion of infants were born without medical attention. In general the more densely populated States and the States with a smaller proportion of Negroes had a high ratio of hospitalization. In the more rural States and States with a relatively large Negro population the ratio of hospitalization was low and the ratio of births not attended by a medical person was relatively high. The proportion of births that took place with no medical attention was 25 percent or higher in 7 States and was nearly 50 percent in Mississippi.

² It should be noted that these are recorded figures; that is, they represent the places where the births occurred and not where the mothers resided. Figures corrected for place of residence will not be available for some time.

• YOUNG WORKERS IN WARTIME •

Farm Accident and Insurance Problems of Young Workers

By MIRIAM NOLL

Specialist in Accident Statistics, Industrial Division, Children's Bureau

For 1943 the food production goals set by the United States Government aim at the highest agricultural production ever known in our country's history. At the same time large numbers of experienced farm workers have gone to the armed forces, many others have been attracted into war industries by wages which are much larger than those paid for farm work, and Government restrictions affecting transportation have tended to immobilize the migratory workers who customarily help to harvest the crops. In the 1942 crop season many communities complained of farm labor shortages, partly because the usual number of farm workers was not available and partly because excellent weather conditions in the country as a whole had produced bumper crops to be harvested. In 1943 the growing demands for manpower in the armed services and in essential industries, together with the increased farm production goals, will undoubtedly accentuate farm labor shortages, even if the weather should be less favorable than it was last year.

For all these reasons the prospect is certain that many boys and girls of high-school age who have never worked on farms before will be recruited to help in the Nation's harvests and perhaps also to do seasonal work in cultivating the crops.¹ In general, agricultural workers are not usually included within the scope of labor legislation; therefore it is important that the safety and health of the inexperienced young people who are to work on the farms this season be safeguarded in all possible ways.

One of the less recognized problems of the employment of young inexperienced workers on farms is the accident hazard and the fact that farm workers are not usually covered by compensation insurance. Nonagricultural industries have long been accustomed to work-

men's compensation insurance and are familiar with the principle that to prevent industrial accidents is a cheaper, as well as a more humane, policy than to pay for them in higher premium rates and in wasted manpower. Through the organized safety movement and safety work in their plants they have done much to reduce accident rates in industry. Before 1942, however, there was no similarly well-established Nation-wide movement for the prevention of work accidents on farms.² Yet statistics for 1941 show that no industry exceeded agriculture in the number of deaths (4,500) due to work accidents.³ They also show that the frequency of fatal injuries in farm work is above the average for all industries, and well above the frequency of fatal work injuries in manufacturing industries.⁴ Both adults and children who are accustomed to living and working on farms and presumably are familiar with farm-accident hazards nevertheless suffer many serious injuries.

Because of war conditions and the consequent employment of inexperienced farm workers, many observers expect injuries in agriculture to increase both in frequency and in severity. Some of the reasons given for this belief are as follows:

(a) Experienced workers are leaving the farms for the armed forces or for war industries, and inexperienced persons, including young people and children, are taking their places on the farm. One authority says that the danger of accidents to these youthful and inexperienced workers, as a result of their doing heavier farm work, using and repairing machines, and handling animals, "may actually be considerably greater than for those who are working in munitions plants or training in the Army."⁵

(b) The experienced workers withdrawn from the farms will be those with the greatest physical ability, leaving on the farm those who are physically less able to carry on the heavy and dangerous portions of farm work.

¹ The National Safety Council sponsored the First National Home and Farm Safety Conference, which met in Chicago in February 1942 and has also established a special Division of Home and Farm Safety.

² *Monthly Labor Review*, vol. 55, No. 3 (September 1942), p. 505. See also Accident Facts, National Safety Council, 1942 edition, p. 56.

³ Accident Facts, pp. 56-57.

⁴ From speech by T. Roy Reid, Director of Personnel, U. S. Department of Agriculture, at First National Home and Farm Safety Conference, Chicago, February 17, 1942. See Transactions of this Conference, p. 15, published by the National Safety Council, Inc.

⁵ In accordance with standards agreed on by the Children's Bureau, the Office of Education, the Department of Agriculture, and the U. S. Employment Service in March 1942, all plans for recruiting young workers for agricultural employment should provide that youth 16 years of age or more should be engaged before children 14 and 15 years are called on. The minimum age at which children should be recruited for work off the home farm is 14 years. (See Policies on Recruitment of Young Workers for Wartime Agriculture, reprinted from *The Child*, March 1942.)

(c) Machinery and tractors already form a major cause of accidental deaths among farm workers, but the shortage of new machines and of skilled repairmen will create an even greater machine hazard. Moreover, much machinery now in use on farms is without adequate guards, is worn out, or is obsolete, and is therefore especially dangerous.

(d) Attempts by the less experienced farm workers to repair machinery will result in more injuries. In one study of farm accidents made by an insurance company on the Pacific coast, it was found that injuries occurring in repair work resulted in an unduly high proportion of infections.⁶

The seriousness of accidents in farm work is enhanced by the fact that prompt medical aid is usually not available. This is not only because the doctor ordinarily lives miles from the scene of the accident but also because the farm family frequently hesitates to send for him on account of the expense involved.⁷ Government restrictions on use of motor vehicles add to the problem. Well-meant efforts of laymen to render first aid may aggravate the injury. Infections resulting from injuries thought to be unimportant may cause permanent disability of greater or lesser degree.

The chief causes of serious injuries in farm work, according to material compiled by the Children's Bureau from many sources,⁸ are the following: Tractors and other farm machinery, whether power-driven or animal-drawn; livestock; falls from ladders, trees, or haymows; vehicles, strains, sprains, hernias, and back injuries caused by improper and awkward methods of lifting heavy objects, as in loading or unloading operations; improper use of farm tools, such as pitchforks, axes, scythes, knives, and scissors; careless use of gasoline and kerosene resulting in explosions and fires; climatic or weather conditions, such as exposure to lightning and excessive exposure to sun, causing heatstrokes and sunstrokes; infections caused by neglect of minor injuries. Many others could be listed.

It is possible that most of the inexperienced young workers recruited for seasonal farm employment will be used in work that is less hazardous than that involved in handling tractors, farm machinery, and animals, which cause the largest numbers of bad accidents. But even the less dangerous forms of farm work frequently result in serious, painful, and expensive injuries. In fruit orchards and groves falls from ladders or trees cause fractures, sprains, and other severe injuries.

Haying activities often result in surprisingly serious accidents. In harvesting small fruits, berries, and vegetables young workers often suffer serious strains from lifting or carrying crates, boxes, or lugs that are too heavy for them. Cuts, punctures, abrasions or blisters may result in infection, which is a serious problem in the country, far from doctors, if no provision has been made for proper administration of first aid. The motor-vehicle hazard is always present, since seasonal workers usually must be transported daily to and from their work. Excessive exposure to heat and sun affects inexperienced workers far more readily than those who know how to dress and work under such conditions.

The new groups of young workers who will be asked to help in farm work are inexperienced and are not acquainted with farm-accident hazards. Therefore it is necessary that the communities recruiting them for farm labor provide them with all possible protection for their safety. This protection calls for careful selection of workers and physical examination if possible, so that no young worker is placed on work that is too heavy or fatiguing. It calls for proper placement, so that immature workers are not given dangerous tasks. It should usually embrace preemployment training by competent instructors, in which safe practices are demonstrated and emphasized, and in which the young worker is shown his responsibility for conserving manpower—and crops—by avoiding horseplay and accidents which might injure him or his coworkers, or damage the crops or equipment on which he is working. It will be promoted by careful supervision on the job by farm foremen or especially trained supervisors or group leaders who understand safe practices and will see that each young worker performs his task in a safe manner. It calls for the provision of first-aid equipment at the work place and in camps where emergency farm workers may be housed, as well as for the training of work and camp supervisors and, if possible, the workers themselves in first-aid courses. It requires provision of safe means of transportation and a properly qualified driver for the vehicle, avoidance of overcrowding, and safe behavior of the young workers who are being transported. Above all, it relies on the kind and sympathetic understanding of farm employers that these inexperienced young people from cities and towns are not hardened to farm work or farm life; that they have to be shown exactly what to do and how to do it; that they are much more likely to incur accidents and injury to

⁶ Accidents in Agriculture, p. 9. Prepared by Engineering and Safety Division, Fireman's Fund Indemnity Co. San Francisco, 1938. Processed.

⁷ In rural areas it is customary for the doctor to charge a set rate per mile in addition to his fee. This rate may be as high as 75 cents or a dollar per mile.

⁸ A mimeographed report on accident hazards to young workers in wartime agriculture is available from the Children's Bureau.

health than boys and girls who are injured to farm life; and that careful instruction, good supervision, and good working conditions will reduce time lost on account of fatigue or injury as well as minimize the labor turn-over which was a problem in some of last year's emergency farm-work projects.

Meeting the cost of accidental injuries is a persistent problem. Workmen's compensation laws in most States do not require that farm workers be covered. However, in most States farmers may voluntarily protect themselves and their employees from part of the financial hazards of accidents by electing to come under these laws or merely by buying workmen's compensation policies. In some States the compensation statistics indicate that many farm workers are covered by such policies, if one can judge from the number of occupational injuries in agriculture reported to State compensation commissions. However, the minimum premium for compensation insurance is usually so high that the owner of a farm of moderate size cannot well afford it. The result is that most farm workers are left to their own financial resources if they suffer injury at work or while being transported to or from work. This lack of financial protection in case of injury serves to emphasize further the importance of taking measures to prevent accidents.

Recognizing the need for measures to prevent accidental injuries to young workers in agriculture, the Conference on Supervision and Employment Conditions for Young Workers in Wartime Agriculture called by the Children's Bureau in June 1942 made recommendations on the prevention of accidents in its report.⁹ It also urged that the employer assume responsibility for payment of medical expenses

⁹ Safeguarding Young Workers in Wartime Agriculture. Reprinted from *The Child*, August 1942.

in case of injury, and that, if practicable, the workers be covered by workmen's compensation insurance, or, failing that, by some other form of insurance. It further suggested that the Children's Bureau, through its committees, give more intensive consideration to the problem and to measures needed to achieve the desired results.

It would be wise for organized projects for emergency farm work to endeavor to record the accident experience of their workers as far as is practicable. An analysis of the causes of each accident will show what action needs to be taken to prevent similar accidents in the future. If accident-insurance coverage has been made available in any form, the keeping of records will enable the leaders of the project to protect the insurance rights of injured workers. If the project plans to evaluate its work in written form, a special section on the season's experience with safety education, accidents, and accident insurance might well be included in order to point the way toward strengthening similar programs in future years.

Groups sponsoring emergency farm-work programs for young workers should bear in mind that bad accidents may discredit the project in the eyes of the young people and their parents and may make future recruiting less successful. If injuries occur and if no means of meeting the necessary expenses have been provided, it is unlikely that the injured worker will return to work. Preventable accidents, lost time, and consequent labor turn-over are a waste of manpower as well as an offense against the young, inexperienced boy or girl who is injured. For these reasons every community in which recruitment of young workers is contemplated should marshal all its resources to meet the problems involved.

"The Very Best American"

A Dramatic Sketch for Radio or Stage

NOTE.—This program, prepared for the Children's Bureau Children in Wartime radio series by Laura Vitray, was broadcast over the Blue Network on December 15, 1942. It is published here with the approval of the Office of War Information for the use of schools, clubs, and other groups in free performances on the stage or on independent local radio stations.

ANNOUNCER (*dramatically*):
Children in wartime! (*Pause.*) The war in which the United States is engaged today is a war to defend our democratic way of life

and the right of our children to live that way! To the 40,000,000 boys and girls who are growing up in the United States, we must bring our heritage—the traditions of free men and women. (*Pause—then soberly.*) But war arouses many emotions in our children, as it does in us. (*Sneak in music, marching feet.*) Their conduct and development may be affected by the dangers of war and its anxieties . . . the changes it brings to their lives. Can we Americans be strong enough to

safeguard our children . . . to keep them growing straight and strong? Every week at this time, Dr. George S. Stevenson, noted authority on child problems, discusses children in wartime.

DR. STEVENSON:

You know, one thing I'd like to see us do is teach our children what it takes to be an American . . . and who the very best American is!

ANNOUNCER:

Why, I'm surprised to hear you say that, Dr. Stevenson! I thought we were telling children plenty about patriotism, and how they can help in the war effort, and all that sort of thing. What do you think we're leaving out?

DR. STEVENSON:

Well, so often we let them stop with the flag waving when that's where they ought to begin! It's hard to explain, but I can tell you a story that illustrates what I mean—the story of a boy whose schoolmates made him believe he wasn't a *real* American.

ANNOUNCER:

Was he an immigrant?

DR. STEVENSON:

Oh, no, not even the *child* of immigrants—unless you want to go back to around 1700 or so, when a British ship brought his ancestors over here from somewhere in Africa. No, Sammy Pendleton's family had about as good a record for *long residence* on American soil as any I know, outside the American Indians! Still, in the school on New York's East Side where Sammy is in the sixth grade, his ancestry didn't seem to count. Oh, Sammy wasn't the only one who didn't rate! (*Fade.*) . . . There were others.

SOUND: (*Children running and laughing and shouting on a playground . . . hold in background under.*)

MIKE (*belligerent*):

Angelo! . . . (*roars with laughter*). Angelo! . . . That ain't a name, you little Dago. My pop said the O'Connors is *Americans* but the Eye-talians ain't. They're our enemies. Come here, Angelo—I'll show you, you Dago—(*sound of a fight—blows—Angelo squeals*). (*Mike laughs.*) You can't take it, eh? Now, git! Go tell Mussolini we're lookin' for him—see? Tell him we're goin' to lick the pants off'n him! (*Fade.*)

ANNOUNCER (*laughing*):

H'm! Trouble between the Irish and the Italians, eh?

DR. STEVENSON:

Yes. Of course Mike was a shade bigger than Angelo, so Angelo took the licking! He didn't mind *that*! It was his pride that suffered

most. But Angelo found a way to restore his lost status. He felt he was as good as anyone else—*better* than many—(*Fade.*).

ANGELO:

I'm better'n that Josey! What kind of a name's that? The way he says it you'd think he was sneezin'! Puerto Rico, that's where *he's* from! That's not America, that's in the Pacific or somewhere. It's Jap, I bet! I'm an American, I was born under the Stars and Stripes! Heh! Here comes that Josey now! Watch me knock the block off o' him! . . .

SOUND: (*Fighting, cheering of youngsters.*)

VOICE:

Hit 'im good, Angelo!—(*blow*)—Hit the little Jap!—(*blow*). Ouch!

ANGELO:

Go home, Josey—go home to Puerto Rico. We don't want no Japs around here. (*Fade.*)

ANNOUNCER:

Say, do they teach geography in that school, Dr. Stevenson?

DR. STEVENSON:

Yes, indeed. They *do*. But it does rather look as if Puerto Rico got mislaid. . . .

ANNOUNCER (*laughing*):

Too bad Angelo didn't know it's part of the U. S. A. I think he handed it over rather easily to Japan! But now, tell me, what have this Mike O'Connor . . . and Angelo . . . and José . . . got to do with that *first* kid you named—that—Sammy Pendleton I think you said his name was.

DR. STEVENSON:

Oh, yes, Sammy. Well, let's see . . . the story of Sammy runs like this: One day not so very long ago John Martin, principal of that East Side school, was on his way home when he and Sammy met. (*Fade.*)

MARTIN:

Hello, Sammy.

SAMMY:

(*dejected—embarrassed*):

Hello, Mr. Martin.

MARTIN:

I didn't see you in school today. Feeling all right?

SAMMY:

Yes'm—yessir—I'm feelin' all right.

MARTIN:

No sickness at home either?

SAMMY:

No'm. No, sir.

MARTIN:

You've been doing such splendid work in class—and in that scrap collection for Uncle Sam. We all miss you when you're not there.

SAMMY:

Yes'm.

MARTIN (*very confidential tone*):
Sammy . . . between ourselves . . . your eye looks a little swollen. You wouldn't—there wouldn't have been a little fight?—It couldn't be that . . .

SAMMY (*very dejected tone*):
Yessir. I got licked.

MARTIN (*half-amused, comforting*):
Well, Sammy, that's happened to the best of us. What was the fight about? Who started it?

SAMMY (*gaining some confidence*):
I guess it was Mike O'Connor.

MARTIN (*surprised*):
Why, Mike's a big fellow! He hit you? . . .

SAMMY:
No'm—no, sir—he hit Angelo.

MARTIN:
What was the row about?

SAMMY:
It's because Mike's an American, and Angelo's an Eye-talian.

MARTIN (*thoughtfully*):
H'm . . . I see . . . after that? . . .

SAMMY:
After that Angelo licked Josey.

MARTIN:
You don't say! How did José come into it?

SAMMY:
He's a Jap.

MARTIN (*amazed*):
A Jap! José? Why, he's from Puerto Rico!

SAMMY:
Don't that belong to the Japs?

MARTIN (*amused*):
Not yet—I hope! But now, Sammy, you haven't yet told me who licked you.

SAMMY (*dolefully*):
Josey licked me.

MARTIN:
He did! What for? What had you done?

SAMMY:
I hadn't done anything, ma'am—sir—it was to show he's an American—because I ain't.

MARTIN:
But you are. Very much so, I'd say.

SAMMY:
I dunno. I always thought I was (*sadly*). But I guess I ain't a real American.

MARTIN:
Why not? What makes you say that?

SAMMY:
I dunno. There just ain't anyone else for me to lick. You gotta lick someone that ain't, Mike says, or you ain't a real American.

MARTIN:
Sammy, do you want to know what my definition of a real American is? . . . Yes? . . .

It's someone who helps our Nation to be strong. If he is a soldier, he may do it by licking our enemies . . . but we can all do it by standing by our friends.

SAMMY (*slightly doleful*):
Yes'm. Is an Eye-talian an American?

MARTIN:
He is if he chooses to be one. Americans of Italian blood have done a great deal for our Nation, Sammy.

SAMMY:
Is—is Josey American?

MARTIN:
Of course he is. Puerto Rico is a *part* of the United States. Didn't you know that? But even if he were Japanese—that would be no reason for beating him up!

SAMMY:
No'm.

MARTIN:
And you, Sammy—you are an American—because you were born here, because you have brains and courage and a good heart, and America needs boys like you to help her be strong.

SAMMY (*unconvinced*):
I guess so, Mr. Martin. Only—you couldn't tell that to Mike O'Connor.

MARTIN:
You couldn't, but I could! See here, Sammy. I want you in school tomorrow. I've got something important to tell you all.

MUSIC: (*Up and out.*)

MARTIN:
Boys, I sent for you because I need your help. I'm planning a sort of patriotic get-together here at school. Oh, not just a *school* affair! I'd like to bring the whole neighborhood into it—have a band and a parade and—well, don't let me tell you what we ought to have; that's what I've got *you* here for . . .

MIKE:
Gee, Mr. Martin, could I lead the parade? I'm big.

MARTIN:
So you are, Mike. Almost the biggest boy in school. And there certainly will be plenty for you to do.

ANGELO:
What's the parade *about*, Mr. Martin? Did we win the war?

MARTIN:
Not yet, Angelo. We will pretty soon. This is a neighborhood festival I'm thinking of.

ANGELO:
Italians have festivals.

MARTIN:
Yes, very good ones, too! I've often enjoyed the street festivals our citizens of Italian

blood have held here in New York. I think you'll be a real help on that, Angelo. I thought I might ask you and José to work out some plans.

ANGELO:
Me and Josey?

MARTIN:
Well, yes . . . I thought if you and José worked out some of the neighborhood plans, while Mike and Sammy made plans for what the school would do . . .

MIKE:
I could do it all myself. Sammy don't have to help!

MARTIN (*laughing*):
Mike, you're a very capable fellow! Plenty of brains. But we all need help. It's like that pilot in a fighter plane somewhere out in the Pacific Islands I was reading about last night. *He* needed help.

MIKE:
Why?

MARTIN:
Well, it seems his plane was in a battle with a Jap plane over the jungle.

MIKE:
Did he bag the Jap?

MARTIN:
Yes, he did—but in the fight his own plane was hit and caught fire. And that was tough. You see, he was over a jungle—thick forests—nowhere to land—and his plane on fire.

MIKE:
Oh, gee, wasn't there *anywhere* to land?

MARTIN:
Just *one* place—a river. That's where he did come down.

MIKE:
Was he drowned?

MARTIN:
No, he wasn't *drowned*. There was a United States Army outpost in that jungle. As the plane somersaulted out of the sky in flames three American soldiers, *Negro citizens* from the South stood on the shore. *They* knew something the man in the plane didn't know. That river was full of man-eating crocodiles.

MIKE (*very excited*):
Gee, Mr. Martin. Was he et up?

MARTIN (*very calmly*):
No—you see, the very instant those Negro privates saw the plane falling they leapt into the stream and dragged the pilot out of the wreckage before the crocodiles could get him.

MIKE:
But, gee—wasn't the—the Negro soldiers afraid?

MARTIN:
Afraid of the crocodiles? Yes, I suppose they were. But they were smart—and they were

brave. They knew that a *real* American has two jobs. One's to fight the enemy, the other's to stand by his friends.

MIKE:
Gee, Mr. Martin—*gee!* If—if Sammy and me was sentinels in a jungle—we'd—we'd . . .

MARTIN:
You'd stand together. *That's what I thought!* You see, our little neighborhood here is like an airplane, flying for victory. We can't let the flames of anger destroy it—and we can't let the people in it be eaten up by hatred for one another. Because if we do, there just won't be any United States. You boys have got to save our school and our neighborhood from anything like that. Can you do it?

MIKE:
Sure we could do it!

MARTIN:
Well, Mike, I'm counting on you to be a good soldier!

MIKE:
Could—could Sammy and me lead the parade?

MARTIN:
Why, I think so. What do you say, Sammy?

SAMMY (*thoughtfully*):
I'd like to—only I was thinking we could make it the end of our scrap campaign. The ones that did the most work should lead it!

MARTIN (*quietly*):
Sammy, that's very smart of you! After all, that scrap is needed to save the Nation.

MIKE (*intensely*):
Sammy—I know where there's a lot of scrap we could get. What do you say if you and me goes and gets it in? (*Fade.*) I'll show you where it is.

DR. STEVENSON:
That's the story of Sammy Pendleton. He's something of a hero now in his school. The bravery of those three Negro soldiers who leapt into the river of crocodiles to save another American added greatly to Sammy's prestige.

ANNOUNCER:
Was that story true, Dr. Stevenson? I fancy the school principal made it up.

DR. STEVENSON:
Oh, no, indeed! That story is straight from the files of the United States War Department in Washington. The Negro privates were Julius S. Franklin, of Charleston, S. C.; Harvey M. Crandle, of Greenville, S. C.; and James Scott, of Montgomery, Ala. They've been decorated with the soldiers' medal for heroism. The place where the plane fell is identified as "a jungle somewhere in the Pacific theater of war." That story is *absolutely* true.

ANNOUNCER:
It certainly had its effect on Mike.

DR. STEVENSON:

Yes. Mike thought he had a corner on being an American. He knows better now—but—more than that—the story had its effect on that entire neighborhood. The children helped the grown folks to see that real Americans can have white skin or black skin, and can have ancestors that come from any part of the earth. They know now that American democracy is more than skin deep—it reaches down to Americans' hearts.

ANNOUNCER:

I was interested in that Italian boy—Angelo. I suppose a good many boys like him are in hot water with their comrades. What does it do to a boy to be regarded as an "enemy" by his playmates?

DR. STEVENSON:

It may have a lasting effect on his life. It may warp his whole nature.

ANNOUNCER:

Does much of this sort of thing go on among children, do you suppose?

DR. STEVENSON:

Yes, more than you'd think. Children adopt readily the racial hatreds of their parents and their neighborhood. We can best protect them from prejudice by showing them that each race has something to contribute to our democratic life—that we don't all have to be *alike* as long as we all stand together.

(Music.)

ANNOUNCER:

Thank you, Dr. Stevenson. We'll all have to remember to safeguard our children from the crocodiles of hate.

Children's Bureau Publications

Related to the Health and Well-Being of Children in Wartime

NOTE.—Single copies of publications listed, and additional copies of material with no price stated, may be obtained free of charge from the Children's Bureau. Publications with prices listed may be purchased from the Superintendent of Documents, Government Printing Office, Washington, D. C.; a discount of 25 percent is allowed on orders of 100 or more copies. For additional references send for Selected List of Children's Bureau Publications.

Special Publications on Children in Wartime.

A Children's Charter in Wartime, adopted March 18, 1942, by the Children's Bureau Commission on Children in Wartime. Children in Wartime Series No. 2. Publication 283. 1942. 5 cents.

For Our Children in Wartime—A Program of State Action, adopted August 28, 1942, by the Children's Bureau Commission on Children in Wartime.

Volunteers in Child Care.—Published by Office of Civilian Defense with the cooperation of the Children's Bureau and the Office of Defense Health and Welfare Services. March 1942.

Opportunities for Volunteers in Child Health and Welfare. Reprint from *The Child*, November–December 1941.

To Parents in Wartime. Children in Wartime Series No. 1. Publication 282. 1942. 5 cents.

Toys in Wartime; suggestions to parents on making toys in wartime. 1942. 40 pp. Processed.

Defense of Children Series: Children Bear the Promise of a Better World. \$3 per 100 copies. 1942.

No. 1. What Are We Doing to Defend Them?

No. 2. Are We Safeguarding Those Whose Mothers Work?

No. 3. Are They Getting the Right Start in Life?

No. 4. Have They the Protection of Proper Food?

No. 5. Are We Defending Their Right to Health?

No. 6. Their Defense Is the Security They Find at Home.

No. 7. Their Education Is Democracy's Strength.

No. 8. Through Play They Learn What Freedom Means.

No. 9. Our Nation Does Not Need Their Toil.

No. 10. Are We Helping Those With Special Needs?

No. 11. Protect Them From Harmful Community Influences.

Services for Children of Working Mothers.

Recommendations Adopted by Conference on Day Care of Children of Working Mothers, July 31–August 1, 1941. Processed.

Standards for Day Care of Children of Working Mothers. Children in Wartime Series No. 3. Publication 284. 1942. 20 pp. 10 cents.

A Community Program of Day Care for Children of Mothers Employed in Defense Areas. Reprint from *The Child*, January 1942.

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